

ATTACHMENT 3
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
B. All required attachments are included with this certification sheet.
C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period. **An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection**

1. Company Name Monterey Peninsula Orthopaedic & Sports Medicine Institute	2. Telephone Number (559) 224-6754	2a. Fax Number (559) 490-1376
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2b. Email Address timisha@urgencymed.org

3. Address 6042 N. Fresno Street Suite 101 -- Fresno CA
93710-5279

Indicate your organization type:

4. ☐ Sole Proprietorship 5. ☐ Partnership 6. ☒ Corporation

Indicate the applicable employee and/or corporation number:

7. Federal Employee ID No. (FEIN) 22-38662041 8. California Corporation No. 2002782

Indicate the Department of Industrial Relations information:

9. Contractor Registration Number

Indicate applicable license and/or certification information:

10. Contractor's State Licensing
Board Number

11. PUC License Number
CAL-T-

12. Bidder's Name (Print)
Timisha Greathouse

13. Title
Back Office Manager

14. Signature

15. Date
02-06-2017

16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:

a. Small Business Enterprise Yes ☒ No ☐ b. Disabled Veteran Business Enterprise Yes ☐ No ☒

If yes, enter certification number:

If yes, enter your service code below:

NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".

Date application was submitted to OSDS, if an application is pending: _____

17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?

Yes ☐ No ☒

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

ATTACHMENT 1

BID PROPOSAL

ADM-1412 (REV.06/2002)

CONTRACTOR'S NAME (Please Print):

CONTRACTOR'S NAME (Please Print):				CONTRACT NO.	
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (In Figures)	TOTAL (In Figures)
1	120	EACH	Respiratory-Compliance Examinations as described in Exhibit A Scope of Work (SOW)	\$ 40.00	\$ 4,800.00
2	240	EACH	DMV Renewal Examinations as described in Exhibit A SOW	\$ 70.00	\$ 16,800.00
3	80	EACH	Pre-employment Examinations as described in Exhibit A SOW	\$ 60.00	\$ 4,800.00
4	100	EACH	Audiometry tests per 29CFR 1910.95 as described in Exhibit A SOW	\$ 25.00	\$ 2,500.00
(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.				TOTAL THIS SHEET	\$ 28,900.00

(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.